12,253					Application	or D	ocket Num	ber
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CI	AIMS AS FILE	D - PART I		SMAL	L ENTITY		OTHER	TH
	· (Column 1	4	ımn 2)	TYP		OR	SMALL	ENT
FOR	NUMBER FILE	D NUMBER	EXTRA	RATE	1]	RATE	L.
BASIC FEE						OR		69
OTAL CLAIMS	Hymir	Hominus 20= 1/1/1		X\$ 9	=	OR	X\$18=	29
IDEPENDENT CLAIM	s 4 mi	// minus 3 = • /		X39=	:	OR	X78=	. 7
MULTIPLE DEPENDENT CLAIM PRÉSENT			+130	=	OR	+260=		
' If the difference in column 1 is less than zero, enter "0" in column		column 2	TOTA	L	OR	TOTAL	Ic	
CLA	MS AS AMENE	PART II			•	_	OTHER	
	Column 1)	(Column 2)	(Column 3)	SMAL	L ENTITY	OR	SMALL	
	CLAIMS EMAINING AFTER MENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	AI TIC
Total • Independent •	20 Minus	-36	= ()	X\$ 9:		OR	X\$18=	
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				101		OR	TOTAL	-
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(C	Claims 1234	(Column 2)	(Column 3)		LADDI	1		
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	EMAINING AFTER IENDMENT	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE			RATE	TIC
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FIRST PRESENTA	TION OF MULTIPLE	DEPENDENT CLAIM		1		OR		╀
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* If the entry in column 1	•							